

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25520

1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 20.01City Kirkville

(No.)

St. Ward)

2. FULL NAME

Mattie Clifton(a) Residence, No. Kirkville Mo.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

J. J. Clifton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1-4-1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56723

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

13. NAME

James T. Kent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Ellen Snow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

J. J. Clifton
Kirkville Mo. R.F.D. #6

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland Cemetery, Kansas City, Kansas DATE Aug. 30, 1933

19. UNDERTAKER (ADDRESS)

Ree Kelly
Kirkville Mo.

20. FILED

Aug 31, 1933Mrs. C. H. Becker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 193322. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933 to Aug 27, 1933I last saw her alive on Aug 5, 1933 Death is saidto have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Uterus

Date of onset

1931

Other contributory causes of importance:

noName of operation D. name Date of 1933What test confirmed diagnosis? L Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 1933Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John D. Dodson, M. D.

(Address)

Kirkville Mo

JUL 16 1943